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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing **OR** Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PL-9813
First Named Inventor	Larsson
<i>COMPLETE IF KNOWN</i>	
Application Number	09 / 674,457
Filing Date	30-Oct-2000
Group Art Unit	To be assigned
Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: _____

Microfluidic Device

the specification of which *(Title of the Invention)*

is attached hereto.

is attached hereto:

was filed on (MM/DD/YYYY) **10/30/2000** as United States Application Number or PCT International

Application Number 09/674,457 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
9809943.5	GB	05/08/1998	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/IB99/00907	05/07/1999	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact business with the Patent and Trademark Office connected therewith: Customer Number 22840 → **Place Customer Number here**
22840
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	PATENT	TRADEMARK	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label **22840** OR Correspondence address below

Name					
Address					
Address					
City	State	ZIP			
Country	Telephone	Fax			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

100
 Anders
 Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle if any)

Family Name or Surname

Anders	Larsson
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Inventor's Signature	<i>Anders Larsson</i>	Date	17 Nov 2000
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Residence: City	Bromma	State	Country	Sweden	<i>SE</i>	Citizenship	SE
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Post Office Address	Kvambacksvagen 131						
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Post Office Address							
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City	Bromma	State	ZIP	S-161 49	Country	Sweden
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Additional inventors are being named on the **1** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Klas		Allmer						
Inventor's Signature	<i>Klas Allmer</i>						Date	
Residence: City	Danderyd	State		Country	Sweden	<i>Stock</i>	Citizenship	
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Post Office Address								
City	Danderyd	State		ZIP	S-182 33	Country	Sweden	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
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Per		Andersson						
Inventor's Signature							Date	
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City	Stockholm	State		ZIP	S-117 30	Country	Sweden	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature							Date	
Residence: City		State		Country			Citizenship	
Post Office Address								
Post Office Address								
City		State		ZIP		Country		

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Klas		Allmer						
Inventor's Signature						Date		
Residence: City	Danderyd	State		Country	Sweden	Citizenship	SE	
Post Office Address	Soltorpsvagen 8							
Post Office Address								
City	Danderyd	State		ZIP	S-182 33	Country	Sweden	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Per		Andersson						
Inventor's Signature	<i>Per Andersson</i>					Date	<i>15 Nov 2000</i>	
Residence: City	Stockholm	State		Country	Sweden	<i>SE</i>	Citizenship	SE
Post Office Address	Hornsgatan 147 STR							
Post Office Address								
City	Stockholm	State		ZIP	S-117 30	Country	Sweden	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature	<i>Per Andersson</i>					Date	<i>15 Nov 2000</i>	
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		

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